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ABSTRACT

Reviewed is research dealing with the attitudes of the public, peers and professionals toward the mentally retarded. The contradictory nature of many studies is cited, and the influence of such factors as misconceptions and contact with retardates on public attitudes is described. Studies of peer attitudes toward the retarded are considered in terms of sociometric investigations of such factors as social status and class placement, and attitudinal measures including studies of children's reactions to retarded peers. A final section summarizes research on professionals' attitudes toward the retarded child. (CL)

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STUDIES IN LEARNING POTENTIAL

PUBLIC, PEER, AND PROFESSIONAL ATTITUDES TOWARD MENTALLY RETARDED PERSONS

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PUBLIC, PEER AND PROFESSIONAL ATTITUDES TOWARD MENTALLY RETARDED PERSONS

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Paper presented at conference entitled, "The Mentally Retarded and Society: A Social Science Perspective" jointly sponsored by the National Institute of Child Health and Human Development and the Rose F. Kennedy Center for Research in Mental Retardation and Human Development, April 17-20, 1974, Niles, Michigan.

Of what value is it to retarded people to study the attitudes of others toward them? One answer to this question is that a knowledge of attitudes is of importance in providing clues as to why certain programs exist, how professional services are delivered, what legislation becomes enacted, and generally, how the retarded person's life style is affected. The underlying assumption is that when attitudes toward retarded people are favorable, more enlightened treatment of them will ensue; when attitudes are not favorable, the retarded will continue to suffer, as they have in the past, and remain in a more unenviable position in society than may be necessary. The intent here is to review the literature of public, peer, and professional attitudes toward the retarded, and some of its limitations, as an indicator of actions having impact on the lives of mentally retarded people.

In very recent years, there has been an increasingly accelerating movement to provide normalizing experiences for mentally retarded people, both in the community and in school. Plans for deinstitutionalization are being developed across the country. Many of these plans call for the establishment of community-based facilities to house, care for, and, in some cases, employ mentally retarded adults. Similarly, plans are being developed to deinstitutionalize mentally retarded children by sending them to community day schools in towns where their parents reside. Undoubtedly, the extent to which the community-based programs will be successful will be determined, in large part, by the acceptance of the community residents. We have only to look at similar programs to deinstitutionalize mentally ill individuals, who are the victims of similar public stereotypes as are the

mentally retarded (Guskin, 1963) to realize the importance of community acceptance (New York Times, April 28, 1974). It is doubtful that a community-based program can succeed without community acceptance.

Public schools, too, are providing normalizing experiences for their retarded populations. Motivated by court suits, legislative mandates, the failure of research to demonstrate the superiority of special classes and the purported negative effects of labeling, many school systems are abolishing their segregated, special classes and reintegrating their mentally retarded populations into the regular grades. Here also it is not unrealistic to expect that the attitudes maintained by the regular class teachers and peers will influence the newly integrated child's adjustment to his educational placement.

Given the importance of knowing attitudes toward the mentally retarded, a logical question at this time is, what do we know about these attitudes? Unfortunately, a simple answer to this question is not forthcoming. Research data regarding attitudes toward the mentally retarded are, for the most part, confusing and contradictory. To illustrate, relative to nonretarded children, peer attitudes toward mentally retarded children have been found to be rejecting (Johnson, 1950; Johnson & Kirk, 1950; Heber, 1956), nonaccepting (Miller, 1956), tolerating (Lapp, 1957), similar (Renz & Simensen, 1969), and significantly more accepting by same-sex peers (Bruininks, Rynders, & Gross, 1974). Retarded children are said to be stigmatized and described in negative terms by their nonretarded peers (Dunn, 1968; Christoplos & Renz, 1969), yet data indicate that nonretarded children do not employ denigrating terms

when describing them (Clark, 1964; Renz & Simensen, 1969). Contact with retarded people has been found to be related to positive attitudes (Jaffe, 1966; Gottwald, 1970), negative attitudes (Goodman, Gottlieb & Harrison, 1972; Gottlieb & Budoff, 1973), and not related (Strauch, 1970). Further, knowledge of retarded individuals has been hypothesized to be associated with more favorable attitudes (Christoplos & Renz, 1969), yet special education teachers who have greater knowledge of mental retardation than general education teachers do not express more favorable attitudes (Semmel, 1959; Greene & Retish, 1973). Finally, we have often heard how attitudes toward the retarded in Europe, particularly in Scandinavia, are more favorable than in the United States (Lippman, 1972). Yet, the few studies that compared attitudes cross-culturally have failed to substantiate these differences (Jordan, 1969; Gottlieb, 1972).

Before the question regarding what we know about attitudes toward the retarded is answerable, we must first establish who the retarded are who are the objects of the attitude statements.

The Object Referent in Attitude Studies

One of the most critical limitations in the study of attitudes toward retarded people is the failure of most research to specify precisely the characteristics of individuals whom the respondent believes to be mentally retarded. If the referent of attitude studies is not constant, but varies from study to study, it becomes exceedingly difficult to synthesize the information and develop a meaningful statement regarding attitudes toward mentally retarded people. Although the referent, mentally retarded person,

may differ in any number of ways that could logically affect attitude scores, two of the most compelling are: (1) the severity of retardation and chronological age of the mentally retarded referent, and (2) the manner in which the concept of mental retardation is presented to the subject.

1. Severity of mental retardation and chronological age

As we are aware, the range of intellectual capabilities of individuals who are labeled as mentally retarded varies enormously. Some are labeled mentally retarded because they have difficulty in coping with some of the situational demands placed on them during a particular time in their lives, e.g., the demand to read and write at a given level of proficiency. When the demands are removed the individual no longer functions as a mentally retarded person. Other individuals are afflicted with mental retardation that is so severe that it prevents them from functioning on even the simplest tasks during their entire life span.

Severity of mental retardation may also be confounded with chronological age in many studies. We are all aware that mental retardation is defined partly in terms of its developmental origins. Just as infants may be retarded, so can toddlers, preadolescents, adolescents and adults be retarded. Although the demands placed on individuals differ by chronological age levels, failure to cope with the demands, whatever they may be, may result in the individual being labeled mentally retarded. It is probable that children identified at birth as mentally retarded or who are labeled prior to entry into school are more likely to be organically and/or genetically impaired, and more severely retarded, than are children who are not identified until the third or fourth grade (Mercer, 1973). Also, if most school-identified retarded children disappear into society as adults (Goldstein, 1964), it

is likely that those individuals who remain identified as mentally retarded during their adult years are apt to be more severely retarded than those who managed to adapt to society and disappear from the roles of the mentally retarded. Therefore, if attitudes are related to severity of retardation and the latter is at times related to chronological age, attitudes toward retarded people may be dependent on the chronological age of the mentally retarded referent. Thus, when interpreting data from studies of public, peer or professional attitudes toward the mentally retarded, it is essential that the referent of the attitude be clearly identified.

2. The concept of mental retardation

The object referent in attitude studies may differ not only in the particular characteristics the subject attributes to the mentally retarded person about whom he is expressing his attitude, but also in the manner that the investigator presents the concept to the subject. Some researchers required their subjects to evaluate the concept mental retardation in its most abstract form, i.e., the label "mentally retarded person," without the benefit of any additional information (Jaffe, 1966; Strauch, 1970; Gottlieb, Cohen & Goldstein, 1974; Holliger & Jones, 1970), while others asked their subjects to indicate the way they felt about a particular mentally retarded person (Johnson, 1950; Bruininks, Rynders, & Gross, 1974; Goodman, Gottlieb, & Harrison, 1972; Gottlieb & Budoff, 1973). Various intermediate amounts of information regarding the concept "mental retardate" have also been provided to the subjects. For example, Meyers, Sitkei, and Watts (1966) provided a label, "slow learner" or "retarded," accompanied by a statement indicating that retarded persons will never be able to read better than about a fourth grade level and will always be like a nine year old child.

A few investigators supplied a sketch of a mentally retarded person and asked their subjects to rate the person indicated by the sketch (Jaffe, 1966; Smith & Greenberg, 1974; Gottlieb & Miller, 1974). Other experimenters presented mentally retarded persons through the use of video tapes (Guskin, 1963; Gottlieb, 1974) or live encounter situations (Gottlieb & Davis, 1973; Strichart & Gottlieb, 1974).

The question arises as to whether these alternative methods of presenting the concept of mental retardation are likely to elicit similar attitudes. Most probably they are not. Jaffe (1966), for example, found that the label mentally retarded was evaluated more unfavorably and with greater variability than the sketch of a retarded person. If an abstract label and a sketch of a retarded person are evaluated differently, it is likely that a label and/or sketch may be evaluated differently from a video-taped presentation of a mentally retarded person. This may be so because the subject is able to witness a greater variety of behavior from the video-taped display than from the sketch of a person. Similarly, it is also likely that a video-taped presentation may elicit different expressed attitudes from a live behavioral encounter with a retarded person. One important difference between the two situations is that in the latter, the subject may be more likely to believe the consequences of his actions are real and could affect him (Kiesler, Collins, & Miller, 1969).

To summarize, the study of attitudes toward retarded people is interpretable only in relation to a precise statement regarding the referent of the investigation. Studies of public attitudes toward the mentally retarded will now be reviewed. First, the potential biasing effects of the attitude referent will be examined in relation to

studies of public attitudes. Then, subject characteristics associated with particular attitudes will be presented. Finally, the literature on attitude change will be indicated.

Public Attitudes Toward the Mentally Retarded

1. Influence of the attitude referent

One of the ironies in the field of mental retardation is that although it is well known among professional workers that the overwhelming proportion of retardation is attributable to cultural and/or environmental differences and not to observable organic and/or genetic anomalies, the predominant view of mental retardation among the public at large is that of a mongoloid or physically damaged person. This view persists despite numerous attempts in the last decade to inform the public about mental retardation; attempts that often included television campaigns involving a retarded person having organic deficits (Begab, 1968). Evidence for the public view regarding mental retardation comes from several sources, the most detailed of which is Gottwald's (1970) study. As part of his inquiry, Gottwald asked respondents to indicate what the phrase "mentally retarded" meant to them. Those subjects who responded with a causal explanation most often attributed mental retardation to birth injury, defects, or brain damage, the forms that are in a numerical minority of all cases diagnosed as mental retardation but that are associated with the more severe cases. Gottwald's additional finding that only 1.1% of his sample ($N = 1,515$) attempted to distinguish among different levels of retardation may indicate that not only does the public tend to view mental retardation as being associated with moderate or severe instances, they may not be aware that the majority of cases represent only mild forms. It may also be

possible that the public may not be aware that such a condition as mild mental retardation even exists. Therefore, to the extent that the popular conception of a mentally retarded person is represented by a mongoloid or brain damaged individual, studies that fail to consider the level of retardation in their study of attitudes are most probably obtaining a picture of attitudes that is generalizeable to only the restricted range of moderate and severe cases.

Begab (1968), too, observed that retarded people were viewed as sick and physically handicapped. Begab further found that his attempts to modify the attitudes of social work students through educational exposure were largely unsuccessful. Since extreme attitudes have been found to be more resistant to change than neutral ones (Tannenbaum, 1956), Begab's data attest not only to the fact that the mentally retarded are viewed as being sick and physically damaged people, they also indicate that these attitudes are intensely held by many people.

The failure of some investigators to differentiate among levels of mental retardation in attitude studies may be one of the reasons for a recurring pattern of data indicating essentially negative attitudes. For example, Greenbaum and Wang (1965) reported that the public view (N = 330) of mental retardation was consistently more negative than for mental illness. This is in contrast to other data which indicated that attitudes toward mental retardation and mental illness were quite similar (Harasymiw, 1971) and that the two conditions are often confused by the public (Guskin, 1962; Hollinger & Jones, 1970; Lattimer, 1970; Winthrop & Taylor, 1957). However, the negative attitudes expressed by Greenbaum and Wang's subjects are more easily understandable if they were referring to moderate and severe instances of retardation, as opposed to more mild forms. The fact

that the authors obtained attitude scores by averaging responses to four concepts regarding mental retardation (mentally retarded, moron, imbecile, idiot), each of which was rated on a 21-item semantic differential, does not broaden the range of applicability of the findings as the authors indicated if the subjects were not aware of the differences in the degrees of mental retardation implied by the concepts they were rating. Conceivably, all four concepts were viewed as representing moderate to severe cases of retardation.

When Winthrop and Taylor (1957) asked 133 subjects (24 of whom had a retarded child) to agree or disagree with nine popular misconceptions regarding "feeblemindedness," they found that many misconceptions which were

prevalent three decades prior to their research were still common. Included among the misconceptions were the beliefs that feeblemindedness is a mental disease and that sterilization was the best solution to the problem. However, given the debates regarding pseudofeeblemindedness that permeated the professional literature of that period (Bialer, 1970), it is not unrealistic to expect that there was gross distortion and confusion regarding the term "feeblemindedness" among the public at large. It is quite possible that the incidence of misconceptions would have been greatly reduced had the authors defined "feebleminded."

The label "slow learner" has also been used to assess public attitudes. Hollinger and Jones (1970) administered two eight-item social distance scales each to 114 men and women ranging in age from 18 to 87. The two social distance scales were identical except that one referred to mentally retarded people and the other to slow learners. The investigators did not define the labels for their subjects, but asked them to provide their own definitions of the terms. Of 16 comparisons between the concepts mentally retarded people and slow learners (each of the social distance items was analyzed separately by sex of subject), 15 comparisons indicated that attitudes toward slow learners were significantly more favorable than toward mentally retarded people. Interestingly, two of the eight social distance items pertained to mentally retarded and slow learning children, with similar results being obtained, i.e., slow learning children were rated significantly more favorable than mentally retarded children. When the investigators asked the subjects to define slow learner and mentally retarded, 63% saw no similarities between the two concepts, but most could not explain how they were different. Those subjects who did explain the nature of the difference indicated that,

for the most part, mental retardation was associated with physical disability and mental illness, while slow learners were characterized by a general "slowness" that did not necessarily involve intellectual ability. Again we notice that the popular conception of the label "mentally retarded" involves physical disability, most often associated with the more severe degrees of retardation. Slow learners, on the other hand, were not often viewed as being mentally retarded. The latter finding is of particular interest since the community where the investigation was conducted had special classes for slow learners for 23 years prior to the community interview, whereas most other states refer to identical children as educable mentally retarded. Thus, the importance of a label as an influence on community attitudes is clearly illustrated: the labels "slow learner" and "mentally retarded" elicit different attitudes.

The fact that the public might differentiate slow learners from mentally retarded people was not considered by Meyers, Sitkei and Watts (1966), who conducted a household interview of 188 randomly selected individuals and 24 adults who had children enrolled in special classes for the mentally retarded. The investigators compared attitudes toward mildly and severely retarded children and supplied a brief description of both degrees of mental retardation. Mildly retarded people were described as "people who are slow learners... who are retarded... who will not be able to read better than the fourth grade level... like a nine year old." Within this definitional framework, equating slow learners with mentally retarded people, the majority of the random and special samples (188 and 24, respectively) felt that public schools should provide education. However, the majority of the random sample also felt that public schools should not have programs for the more severely

retarded (who were defined as "extremely retarded... never be able to dress or even feed themselves... will always need someone to look after their needs and to care for them "). The sample of special class parents were equally divided on the question of public school provisions for the more severely retarded. The Meyers, et al. investigation indicates that when mental retardation is equated with slow learners by the investigators, public attitudes are favorable, at least with respect to the provision of public school services. Attitudes toward the more severely retarded were less favorable in this respect.

Guskin (1963b) also demonstrated the importance of brief descriptions of handicapping conditions on expressed attitudes. He employed two different brief descriptions of eight handicapping conditions (e.g., "educationally inadequate" was defined either as "a child who has been left back in school two or three times," or "a child who reads and writes very poorly for his age ") and found that the degree of relationship between the two sets of definitions were sufficiently different so that they could not be combined for statistical treatment in a single analysis, but had to be treated separately.

Finally, the importance of the label was also well demonstrated by Belinkoff's (1960) attempt to enroll five to seven year old children with IQ scores between 50 and 75 in an experimental education program. When the project was renamed from "Mental Retardation Project" to "Special Education Project," significantly more parents came to discuss the possibility of their children's enrollment. Belinkoff indicated how the parents were more willing to accept the fact that their children were "slow" than "retarded."

To summarize, the label that accompanies community attitude surveys

has a profound effect on the attitudes that will be elicited. In the absence of any descriptive information regarding the attitude object, the public is likely to imagine a physically damaged individual and respond negatively. It is doubtful whether the public views the milder forms of mental retardation as being a serious handicap at all. This finding is not restricted to this country alone. In Germany, Von Bracken (1967) asked a varied sample of 120 adults which of seven handicapping conditions was the most severe. Included in the list of seven were severely and mildly retarded children. Von Bracken reported that severe retardation was mentioned 83 times but that mild mental retardation was not mentioned even once.

In spite of the relatively wide array of labels employed in community attitude studies, several patterns emerge. Attitudes toward the mildly retarded are more favorable than toward the severely retarded. Mental retardation is often confused with mental illness. Last, there is a general ignorance among the public regarding the retarded themselves (Winthrop & Taylor, 1957) as well as to the services available for the mentally retarded (Lattimer, 1970).

2. Factors associated with public attitudes toward the mentally retarded

Many studies of public attitudes toward the retarded have attempted to relate attitudes to subjects' (i.e., raters') characteristics. The characteristics most often examined in their studies are the subject's sex, age, level of education, SES level and degree of contact with retarded people.

Harasymiw (1971) reviewed literature on differences in attitudes of males and females toward the disabled in general; he concluded that the majority of evidence collected in this country indicates that females tend to express more favorable attitudes than males. Greenbaum and Wang (1965),

who examined attitudes toward the mentally retarded specifically, also reported that females expressed significantly more positive attitudes than males. Gottwald (1970) found that, as might be expected, women were more aware than men of the causes of mental retardation, especially as they related to birth injury and prenatal factors. Men and women in his study did not differ significantly in their responses to the social worth of a retarded person (e.g., what proportion of the mentally retarded would make good friends, neighbors, citizens, etc.). In other categories, such as the proportion of retarded persons who could be expected to learn to add and subtract, use public transportation, drive, and have a regular job, women tended to be significantly more "conservative" than men.

Gottlieb and Corman (1974) administered many of Gottwald's questions to 430 adults, of whom 57% were female. These investigators found that well-educated females expressed significantly more favorable attitudes than males with similar education on a factor representing "positive stereotype toward the mentally retarded." Male and female subjects did not differ on two factors that emerged from this investigation, "segregation in the classroom" and "perceived physical and intellectual handicap."

Studies which have examined the relationship between attitudes and subject's age have generally found that younger subjects express more positive attitudes than older ones toward the mentally retarded (Gottwald, 1970; Gottlieb & Corman, 1974; Hollinger & Jones, 1970). Greenbaum and Wang (1965), on the other hand, reported no statistically significant relationship between age and attitude favorability (although there was a tendency for older subjects to express more favorable attitudes).

The data relating amount of education and attitudes is not so consistent

as that on sex and age. Gottwald (1970) reported that, in general, level of education was correlated with positive attitudes, as well as with factual knowledge of the mentally retarded. Greenbaum and Wang (1965), on the other hand, reported that individuals who did not complete high school posited more favorable attitudes than those with more education. With a well-educated sample, Gottlieb and Corman (1974) failed to detect significant differences due to educational level on two of the four attitudinal factors they identified. On the "perceived physical and intellectual handicap" factor, however, subjects who were high school graduates expressed a less negative stereotype than either college graduates or individuals who did not complete high school. Results of studies which have examined the relationship between education and work-related attitudes toward the retarded have also been inconsistent. Both Phelps (1965) and Cohen (1963) studied attitudes of employers toward the retarded. Phelps found a significant positive relationship, i.e., the more highly educated employers expressed more favorable attitudes. Cohen, on the other hand, observed a significantly negative relationship with the more highly educated employers positing less favorable attitudes.

Gottwald (1970) examined the relationship between SES and attitudes and reported no significant differences among subjects of various income levels regarding their view of the "social worth" of a retarded person. On other assigned characteristics of the retarded, however, upper income groups tended to be more sophisticated and realistic about the mentally retarded.

Greenbaum and Wang (1965) observed that low SES subjects expressed significantly more favorable attitudes than either middle or upper class subjects. No significant differences in attitudes emerged between the latter two SES levels.

The relationship between attitudes and contact with retarded people has an inherent appeal to investigators who implicitly hope that more favorable attitudes will result when individuals have an opportunity to interact with retarded people. The data on this point are not conclusive. Gottlieb and Corman (1974) found that those subjects who had not known a retarded person were most apt to favor segregation of the retarded in the community. No difference emerged on any of the three remaining factors as they related to the contact variable. Hollinger and Jones (1970) failed to find reliable relationships between exposure to slow learners and attitudes toward them. Indirect evidence for the negative effects of contact on attitudes is available in Phelps (1965), who studied attitudes of personnel managers toward the employment of the mentally retarded. He found that the longer the subject was in personnel work, the less likely he was to hire a retarded person. Thus, research does not consistently indicate that contact with retarded people is associated with more favorable attitudes. Additional data on this subject are available in studies on attitude change toward the retarded, which have generally hypothesized that physical contact will produce favorable attitude change.

3. Studies of attitude change

Studies of attitude change toward the mentally retarded usually predict that exposure to retarded people will change attitudes, hopefully rendering them more favorable. Unlike data on attitudes collected at one point in time, investigations that focus on change must provide an intervening treatment

and therefore require greater subject commitment. For this reason, these investigations have typically employed high school and college students, a more captive population than the public at large, but also a more restrictive one in terms of generalizeability.

Cleland and Chambers (1959) conducted a tour through an institution in an effort to modify the attitudes of high school and college students. The investigators found that the tour was effective in improving students' attitudes toward the institution; however, after the tour students were more likely to favor institutionalization of retarded patients. The investigators' attempt to relate attitude change to SES level was unsuccessful for the most part because the range of SES levels was too restricted. There was a significant tendency, however, for the lower SES group to express a greater acceptance of repeated future visits to the institution. This finding is consistent with data presented previously which indicate that low SES individuals are more apt to express favorable attitudes toward the retarded.

The use of an institutional tour to modify attitudes was examined in a subsequent study by Cleland and Cochran (1961), who employed a contrast group of high school students who were given written factual information relating to the institution but did not receive a tour. No significant differences appeared between the groups who received the tour and the contrast group.

Kimbrell and Luckey (1964) administered a ten-item attitudinal scale to 96 of 281 subjects before they took a 90-minute guided tour of an institution for the mentally retarded and again immediately following the tour. Significant pre-posttest differences emerged on five of the ten items, three of which revealed that attitude toward the patients became more negative after the tour. Two items reflecting attitudes toward the institution changed in a positive direction.

Sellin and Mulchahay (1965) also found that an institutional tour elicited both positive and negative components of attitude change. Like Kimbrell and Luckey, these investigators found that attitudes toward the institution became more positive as a function of the tour but that attitudes toward the patients themselves did not. Sellin and Mulchahay observed that attitudes toward the mentally retarded patients were unrealistic both before and after the tour: prior to the tour the subjects underestimated the patients' ability while after the tour they overestimated the patients' ability.

Perhaps the most detailed investigation regarding attitude change was conducted by Begab (1968) who studied the impact of differences of curricula and experiences on social work students' attitudes and knowledge about mental retardation. Most pertinent to the present discussion was Begab's finding that exposure per se resulted in attitude change which was predominantly, although not entirely, in the positive direction. Other factors in addition to mere exposure were important determinants of attitude change, such as the esteem in which the students held their field instructor. Similar findings were also reported by Vurdelja-Maglajlic and Jordan (1974), who observed that enjoyment of contact rather than extent of contact was most significantly related to attitudes. One can speculate that enjoyment of the contact might also be related to favorable attitude change toward mentally retarded people.

To summarize, the brief literature on attitude change indicates that exposure per se does not necessarily produce favorable attitude change toward mentally retarded people. The problem is far more complex. For example, very little information is available regarding the tour itself. Only the temporal sequence of the high and low shock value patients was systematically varied (Cleland & Chambers, 1959; Cleland & Cochran, 1961). On what other dimensions that might have affected attitude scores did the institutions differ?

Similarly, how did the subjects differ? Future studies will have to consider various subject characteristics that may serve to impede or facilitate attitude change. One such variable could be the subject's initial attitude, both in terms of its intensity and direction. Intense attitudes are more resistant to change than neutral attitudes (Tannenbaum, 1956). Also,

subjects' whose initial attitudes toward the retarded are negative may use the institutional tour experience as a vehicle to justify their initial attitude rather than to change it (Zajonc, 1968).

To the extent that any general statements regarding the effects of institutional tours of attitude change are possible, it appears that attitudes toward the patient become more negative while attitudes toward the institution become more positive. This combination of attitudes toward the patients and the institution is easily interpretable if one considers that the more likely people are to believe that retarded people have a limited prognosis and should be segregated, the greater will be their belief that institutions are necessary to achieve these ends.

Peer Attitudes Toward the Mentally Retarded

The nature of the attitude referent has been less of a problem in studies of peer attitudes than it has been in investigations regarding public attitudes. The majority of research on peer attitudes toward the mentally retarded has focused on attitudes toward mildly retarded children within a school context. A major difference between studies of public and peer attitudes is the fact that there has been a strong reliance on sociometric instruments in studies of peer attitudes, thus eliminating the problem of the specificity of the attitude referent. Peer attitude studies have traditionally employed sociometric and attitude scales. Occasionally, other data gathering instruments have been used, such as adjective check lists (Willey and McCandless, 1968), overt behavioral interactions (Gottlieb and Davis, 1973; Strichart and Gottlieb, 1974), and open-ended descriptions (Clark, 1964). Most of what we know concerning the attitudes of peers toward mentally retarded

children, however, has been obtained from sociometric investigations and studies using more traditional scales.

1. Sociometric studies of peer attitudes

Sociometric inquiry represents a subcategory of attitude measurement (Lindsey & Byrne, 1968), insofar as it reflects a person's feelings toward another individual. In the general literature on attitudes, sociometric responses constitute the conative component of an attitude (McGuire, 1968) when they represent how a person behaves or would behave toward the attitude object, under circumstances where the person believes that his choices may have consequences for himself. When the subject does not believe that the consequences of his actions are real and could affect him, sociometric responses are "scarcely more overt than those required by the usual self-report inventories" (Scott, 1968, p. 217). In the latter situation, sociometric assessment may be interpreted as a measure of the affective component of an attitude, dealing with the subject's feelings of liking and disliking the attitude object. The majority of sociometric research regarding the social status of retarded children may be viewed as measuring the affective component of an attitude, since there are seldom any implied consequences directed toward the subject for his choices. Most sociometric studies are conducted primarily to obtain a ranking of the social position of the retarded child, usually in relation to nonretarded children, in various types of class and/or school organizations. Other studies have been concerned with the relationship between social status of retarded children and social class of the rater, as well as with techniques to improve social status.

A. Social status and class placement

Investigations that relate sociometric scores of nonretarded

and retarded children do so to determine the type of educational models, vis-a-vis classroom arrangements, that will result in the highest possible acceptance of retarded children. Educational models may vary from total segregation of retarded children to a situation where the EMR is fully integrated into regular classes. Many intermediate arrangements are also possible, such as when EMR children are assigned to a segregated special class but spend part of their school day in regular classes.

The most often cited sociometric investigation was conducted by Johnson (1950) who studied the social status of EMR children who were totally integrated into regular classes. Of 698 children in 25 classes, Johnson identified 39 as mentally retarded on the basis of a Binet IQ score under 70. Individual sociometric data were then obtained from all children. The results indicated that nonretarded children were accepted approximately twice as often as the retarded, while retarded children were rejected approximately four times as often as nonretarded children. More than twice as many retarded children as nonretarded children were isolated. When Johnson asked the subjects to indicate the reasons for their sociometric choices, he found that anti-social behavior, and not academic incompetence, was the reason most often given for the rejection of retarded children. Johnson concluded that although the retarded children were physically integrated into the regular grades, they were socially and psychologically isolated.

Johnson and Kirk (1950) replicated the previous study in a less traditional school system that placed greater premium on social adjustment and less emphasis on academic achievement. The authors again found that the retarded were rejected significantly more often, with anti-social behaviors

most often cited as the reason for the rejection.

Miller (1956) investigated the possibility that the results of the preceding studies could have been an artifact of the method which allowed only for accepting or rejecting responses. He asked his subjects to respond on a five-point continuum to questions about other children. Miller concluded that retarded children were nonaccepted, but not socially rejected. He did find, however, that they were accepted less often than mentally typical and mentally superior children.

Heber (1956) also employed a five-point rating system to obtain an index of the social position of high, average, and low IQ children. He observed that the decremental effect of low IQ on social status scores was more than 2½ times as great as the incremental effect of high IQ. Children of low IQ are at a greater disadvantage in terms of their social status than children of high IQ.

The preceding studies clearly indicate that retarded children in the regular grades in schools without special classes enjoy a less favorable social position than children of superior ability. It could be anticipated that regular class retarded children in schools having special classes would occupy a more favorable social position since the least acceptable children would likely be enrolled in the special class. Baldwin (1958) studied the social position of 31 IQ-defined EMR children who remained in the regular grades in schools containing a special class for retarded children. Nonretarded classmates attributed significantly less desirable and significantly more undesirable qualities to the retarded children than to the nonretarded ones. As was the case in Johnson's (1950) investigation, retarded children were found to be rejected because they were seen as engaging in anti-social

behavior. Baldwin did not compare the social status of those IQ-defined EMR children in regular classes with those in special classes, so no direct comparisons between the two groups are possible.

One of the first studies to compare attitudes toward retarded children in different class placements was conducted by Thurstone (1959). As part of the Thurstone report, Jordan compared the social position of EMR children in segregated classes with IQ-defined EMR children in regular classes who had never been identified for special class placement. The data indicated that special class EMR children were selected as friends more often and rejected less often than retarded children in the regular grades. As the author acknowledged, however, special class EMR children were rated by their special class peers while regular class EMR children were rated by their non-retarded classmates. The difference in the two reference groups used by the raters when making their choices makes the findings difficult to interpret. The regular class EMR children were judged by children who were better academic performers and who might tend to reject other children who performed very poorly (Gronlund, 1959). Since differences in academic performance tend to be less pronounced in the special class, different criteria may have been employed in selecting friends. More direct comparisons of the social status of segregated and integrated EMR children could have been made if only non-retarded children rated both groups of EMR children. Such an approach was used by Gottlieb and his colleagues in a series of investigations (Goodman, Gottlieb, & Harrison, 1972; Gottlieb & Budoff, 1973; Gottlieb & Davis, 1973), as well as by Iano, Ayers, Heller, McGettigan, and Walker (1974).

Goodman, et al., began with the commonly held "contact hypothesis," shared by other special educators (e.g., Christoplos & Renz, 1969); i.e.,

because retarded children in the regular grades are better known to their nonretarded peers, attitudes toward integrated retarded children would be more favorable than toward segregated EMR children. The data, however, did not support the contact hypothesis. No differences in the acceptance of integrated and segregated retarded children were observed. In fact, male raters judged the integrated retarded children as significantly less acceptable than the segregated children. Gottlieb and Budoff (1973) replicated that study in a small rural town and obtained similar results. The integrated children tended to be rejected more often than the segregated ones. Finally Gottlieb and Davis (1973) studied the social position of the same children that Goodman, et al. observed, but in an overt play situation. A regular class child had to select a partner for a beanbag toss game from a pair consisting of a regular class child and an EMR child. Of 28 possible choices, 27 regular class children were selected as partners, regardless of whether the EMR child was in the special class or had been integrated. Again, the integrated children were not more socially acceptable than the segregated ones. In all three studies, the retarded children were always accepted significantly less often than nonretarded children.

Iano, et al. (1974) compared the sociometric status of nonretarded children, children who were referred to a resource room program but were never diagnosed as mentally retarded, and special class EMR children who had resource room services available to them. Employing Johnson's (1950) sociometric questionnaire, these investigators found that nonretarded children were most accepted by their peers, followed in order by the nonretarded children referred to the resource room, and the EMR children who were referred for the resource room services. Similarly, the nonretarded children were rejected least often,

followed by the nonretarded resource room referred children and the EMR children. The rejection rates for the latter two groups did not significantly differ from each other. The investigators concluded that the EMR children who had the benefit of resource room help were not more highly accepted than EMR children in previous studies who had not received such services.

We have noted that regular class retarded children are socially accepted significantly less often than nonretarded children both when they are in schools with no special classes, and in schools with special classes. It was also observed that nonretarded children do not tend to be more accepting of integrated retarded children than of segregated ones. The last type of educational placement for which social acceptance data are relevant includes children who are formally assigned to a special class but spend part of their school day in the regular grades, either in academic or nonacademic classes.

Lapp (1957) employed Johnson's (1950) sociometric questionnaire and found that rejection scores of EMR children who were partially integrated did not differ from a chance basis, but that their social acceptance scores were significantly higher than would be expected by chance. The author concluded that EMR children who were partially integrated were not overtly rejected by their peers but were tolerated by them. Rucker, Hower and Snider (1969) also studied the social status of partially integrated children, but with different conclusions than Lapp. These authors observed that partially integraded EMR children were rejected more often than nonretarded children both in academic and nonacademic classes.

A summary of the sociometric literature indicates convincingly that regardless of the particular educational model employed, EMR children are

not so well accepted as are nonretarded children. However, the previous sociometric investigations were solely concerned with the status of retarded children in different models but did not consider the possibility that rejecting responses might interact with the characteristics of the person who did the rejecting. Conceivably, not all children reject retarded pupils equally. Although there has been very little research on rater characteristics that are associated with accepting and nonaccepting choices, the variable that has been studied most often is SES level.

B. Social status and SES level

While the majority of sociometric research was conducted to examine how social acceptance differs with various administrative and/or educational arrangements within the school, several studies have investigated the relationship between social class of the respondents and their sociometric ratings of mentally retarded children. Bruininks, Rynders, and Gross (1974) recently reported that low SES urban raters were significantly more accepting of same-sex retarded children than nonretarded children. Contradictory results were obtained with their middle class samples, i.e., they rated same-sex nonretarded children more favorably than retarded children.

The studies by Goodman, Gottlieb and Harrison (1972) and Gottlieb and Budoff (1973) previously described both employed identical procedures to assess the social status of EMR children in an affluent middle class and poor rural area respectively. Although no direct statistical comparisons were made between the data in the two studies, an examination of the percent rejection scores from both samples indicated that EMR children were rejected more often by the middle class sample than by the poor rural sample of subjects.

Monroe and Howe (1971) indicated that the social class of the retarded child was an important factor in his acceptance, with higher SES EMR children accepted more often than lower SES EMR children. Fuchigami and Sheperd (1968) on the other hand reported that in-school friendship patterns between retarded and nonretarded adolescents did not appear to be related to the income level of the retarded child's family, but that low income EMR adolescents tended to have more nonretarded friends outside of school than was the case for higher income EMR adolescents. The data of this last study, however, was collected by interviews with the adolescent retarded individuals, and no validating data were gathered from the nonretarded "friends."

The influence of the socioeconomic variable was controlled by Meyerowitz (1967) who compared the neighborhood peer relationships of seven year old EMR children in special and regular classes with a contrast group of nonretarded children matched for SES levels. Meyerowitz observed that there were no differences in the neighborhood acceptance of segregated and integrated EMR children; that the retarded children, regardless of placement were isolates; and that both EMR groups were derogated equally, but considerably less than were nonretarded children. The basic pattern that emerges from this study is that special or regular class placement does not affect the neighborhood interaction patterns of retarded children; they tend to be ignored regardless of their placement.

C. Improving social status

The sociometric literature demonstrated that EMR children are not accepted as well as nonretarded children. The only point of contention is whether retarded children are sociometrically rejected or nonaccepted. Regardless of whether the data are to be interpreted as representing rejection or

nonacceptance, the fact remains that retarded children are assigned to an inferior social position by their nonretarded peers, and methods to improve this situation must be identified.

Very few studies have appeared in the literature pertaining to the improvement of the social status of mentally retarded children. Chennault (1967) attempted to improve the social acceptance of special class EMR children through interaction, in organized group activities, with the most popular children in their classes. Low status junior high school age EMR children participated in a dramatic skit with high status retarded children for two 15-minute periods weekly over a five week period. Sociometric testing after the skit was performed revealed that the isolates who participated in the experimental skit improved their social position scores significantly more than the EMR children who did not participate.

McDaniel (1970) employed a similar approach to improve the social status of EMR adolescents by having them participate with each other in square dancing and basketball over a six week period. Sixteen EMR adolescents of comparable CA and IQ, who only participated in regular classroom activities, constituted the control group. At the end of every week, experimental and control subjects were asked to indicate with whom they would like to sit and play, and with whom they would not like to sit and play. Analysis of the data indicated that the experimental group obtained both higher social acceptance scores as well as higher social rejection scores; for some retarded children, contact between themselves and other retarded children resulted in greater incidences of rejection.

It has been demonstrated that it is possible to improve the social status of EMR children by having them interact with other retarded children. How

durable are these changes? Does the formerly rejected child revert to his original social position when the opportunities for social interaction are removed?

Rucker and Vincenzo (1970) extended Chennault's investigation by having the two least accepted special class pupils interact in carnival preparation activities with the most popular members of their special class. The authors predicted that low-accepted special class children who participated in the planning would improve their social acceptance scores significantly more than a control group but that the gains would not persist one month after the completion of the treatment. Both predictions were supported. Immediate sociometric improvements did result but they were not permanent, disappearing on the post-posttest.

Lilly (1971) incorporated various refinements in the nature of experimenter and peer interactions that might be a contributing factor to improved social status and relate to the permanence of improved social acceptance in regular grades. Lilly had two low sociometric status, low achieving children participate with two other children in making a film to be shown to the class. Depending on the treatment conditions the other children were either high or low status, and the experimenter either participated fully or minimally. The investigator observed that all treatments were equally effective in improving social acceptance change within one week following the completion of the treatment, but that the gains were lost on the post-posttest six to seven weeks following the initial posttest. Lilly did not analyze his data to reveal whether there were differential changes in the sociometric scores assigned to the rejected children by the children with whom they interacted, as opposed to the remaining nonparticipating classroom members.

2. Attitudinal studies toward the mentally retarded

The second major approach to the study of attitudes toward mentally retarded children has been through the administration of a variety of questionnaires. Unlike sociometric inquiries which require subjects to indicate whether they like or dislike a particular mentally retarded child, attitudinal studies typically require the subject to indicate his feelings about mentally retarded children in general. The specificity with which the attitude referent is defined varies with the particular methodology employed by the investigator. Some investigators have required the subjects to rate the abstract concept of "mentally retarded" (e.g., Gottlieb, Cohen & Goldstein, 1974). Others have asked the subjects to interact with a retarded person and then to rate mentally retarded people on attitudinal questionnaires (Strichart & Gottlieb, 1974).

Attitudinal studies are more varied than sociometric studies with respect to the dependent measures employed. Although several varieties of sociometric questionnaires have been employed in studies of the mentally retarded, attitudinal questionnaires are far more heterogenous in their response formats. Questionnaires have appeared in Likert, semantic differential lists, true-false formats, as well as adjective check lists and open-ended descriptive formats. Since investigators often employ different instruments and define the attitude referent in different ways, it is almost impossible to compare results across attitudinal studies.

The literature in this section will be reviewed under three headings. First, general attitude studies will be reviewed with particular attention given to the treatment and the dependent measures. Then, studies will be presented that attempt to relate subject (i.e., rater) characteristics to

their attitudes toward mentally retarded peers. Finally, the very brief literature on attitude-behavior consistency will be indicated.

A. Studies of attitudes of normal children toward mentally retarded peers

Clark (1964) tested the prediction that retarded children are described in terms of their own stimulus value rather than their intellectual abilities or special class placement by asking 214 fourth and fifth grade elementary school children to tell about one EMR child (from among 13) whom they knew best. Subjects attended classes in the same wing of the school as the special class pupils. The investigator categorized peers' responses into four categories: identification, description, evaluation, and association. Several interesting findings emerged. First, EMR children were described in terms of their individual stimulus properties. One EMR child was known best by 41% of the 212 subjects whereas 11 of the remaining 12 EMR children were known best by less than 10% of their nonretarded peers. Further, 27% of the responses were classified as evaluations, with significantly more favorable than unfavorable attributes ascribed to EMR children. Only 2.25% of the responses were unfavorable evaluations. Also, EMR children were described more often in terms of their appearance and athletic ability than in terms of their intellectual and/or academic ability. Finally, EMR children were accepted twice as often as they were rejected. The data do not indicate a persistent rejection of retarded children. Clarke did not include a contrast sample, however, and no comparative statements vis-a-vis the relative rejection of retarded and nonretarded children are possible.

Renz and Simensen (1969) used Clark's method and included a nonretarded contrast group. The investigators reported that retarded children were

perceived similarly to nonretarded children by their nonretarded peers. They also reported that the retarded children were not rejected with greater frequency than nonretarded children. These data are in contrast to previous sociometric investigations that did find retarded children to be less well accepted than nonEMR children.

The results from the Clark and Renz and Simensen attitudinal studies indicate that retarded children are not rejected to a greater degree than nonretarded children, and appear to contradict the findings of sociometric investigations. On closer inspection, however, the results from the two types of studies are easily reconcilable. Sociometric investigations have typically employed group means to obtain social status rankings of retarded and nonretarded children. That is, the social status of all EMR children and some proportion of all nonEMR children within the class is determined and analyses are computed on the two distributions of scores. With any variance in these distributions--and there invariably is-- some EMR children are likely to be accepted to a greater extent than some nonretarded children. The two attitudinal studies just reviewed, on the other hand, required subjects to tell about <u>one</u> EMR child whom they knew best. It is quite possible that the subjects chose the children whom they <u>liked</u> best as well as knew best. Furthermore, since the attitudinal studies provided data on one EMR child per subject, whereas the sociometric investigations provided data for all EMR children per subject, the two sets of data are not directly comparable. A more direct comparison between attitudinal and sociometric studies would require nonEMR subjects to tell about several EMR children whom they knew.

Willey and McCandless (1968) administered a 46-item adjective check list to fifth graders, EMR and orthopedically handicapped children. The

nonretarded fifth grade subjects ascribed 25 adjectives on a nonrandom basis as describing the mentally retarded, 24 of which were negative. Other fifth grade children and orthopedically handicapped children were rated more favorably than the EMR pupils. Thus, the familiar pattern of negative evaluations of mentally retarded children surfaced again. While the negative evaluation of retarded children is easily observed, we know little about the reasons for these evaluations. What behaviors do the EMR pupils engage in that cause them to be rejected? Are they rejected because of the negative social stereotype that is associated with the label "mentally retarded" or is rejection the result of inappropriate or incompetent performance? Put another way, which is more influential in the rejection process-- the label "mentally retarded" or the behaviors exhibited by the children who are labeled?

Gottlieb (1974) studied the relative influence of the label "mentally retarded" and the variable of academic competence on attitudes of nonEMR children toward EMR pupils and found that children who were academically incompetent were judged less favorably than academically competent children, regardless of whether the children judged were labeled mentally retarded or normal (i.e., fifth grade pupil). The label itself did not affect attitudes to a significant degree, as measured by a rating scale and a modification of the Cunningham Social Distance Scale.

The influence of academic incompetence on the rejection of EMR children was also studied among Norwegian school children (Gottlieb, 1971). The investigator studied the situational context of attitudes toward EMR pupils, both in class and at play. Gottlieb contended that since EMR pupils are labeled as a result of their academic deficiencies rather than their athletic

ineptness, attitudes of normal children toward them would be more favorable during play than during classroom activities. The prediction was supported: EMR children at play were evaluated more favorably than EMR children in class. Further, female EMR children were evaluated more favorably than male EMRs, a finding consonant with Clark's (1964) results.

B. The relationship between rater characteristics and attitudes toward mentally retarded children

While it is important to know the attitudes of normal peers toward their mentally retarded age-mates, it is equally important, if not more important, to identify characteristics of raters that are associated with favorable attitudes. Unless these characteristics are identified, attempts to improve attitudes are likely to be largely unsuccessful.

One of the first studies to investigate the relationship between rater characteristics and attitudes toward mentally retarded children was conducted in Norway by Gottlieb (1969). The investigator studied the influence of the rater's psychological adjustment and chronological age on attitudes towards EMRs as measured by a semantic differential. In this study, adjustment was defined as the discrepancy between the rater's ideal self-concept and actual self-concept, with a higher discrepancy indicating less favorable adjustment. The findings revealed that well adjusted individuals posited more favorable attitudes than less well adjusted subjects toward EMR children. Attitudes did not significantly differ among subjects between the ages of 8 and 16.

Gottlieb, Cohen and Goldstein (1974) partially replicated Gottlieb's (1969) investigation but failed to find that well adjusted individuals expressed more favorable attitudes toward the mentally retarded, although the data were in the predicted direction ($p < .10$). These authors did find,

however, that nonEMR children who had opportunities to observe or interact with EMR pupils expressed more negative attitudes than children not having opportunities to interact, a finding similar to those reported elsewhere (Goodman, et al., 1972; Gottlieb & Budoff, 1973). However, Strauch (1970) observed that there were no differences in the expressed attitudes of subjects, measured by a semantic differential, as a function of whether they reported that they had previous contact with mentally retarded people. Jaffe (1966), too, found no differences in attitudes measured by the semantic differential as a function of reported contact but did find that Ss who indicated that they had contact with retarded people assigned significantly more favorable traits to them.

C. Studies of attitude-behavior consistency

The studies cited were concerned with verbally expressed indices of an attitude. The implicit assumption in much of this research is that verbally expressed attitudes represent an index of overt behavior toward retarded people. That is, it is thought that people who express negative attitudes will behave differently toward the retarded than people who express positive attitudes. In the general literature of attitude-behavior consistency, various explanations are offered as to why attitudes should reflect overt behaviors and why they should not (Kiesler, Collins & Miller, 1969). Among the reasons advanced for the lack of expected congruence between a verbally expressed attitude and overt behavior is the lack of similarity between the two measures of an attitude. To illustrate, a verbal attitude represented by a score on a semantic differential bears little resemblance to a behavior that requires an individual to befriend a retarded person, possibly at some psychological or status cost to himself. There are instances when it is

expedient not to behave as one says he will (Thurstone, 1946). Without belaboring the many arguments concerning the degree of attitude-behavior consistency that is to be expected, it is sufficient for our purposes to indicate that there has been a paucity of research in this area that is relevant to mentally retarded people. Very few studies have examined the relationship between verbal attitudes and overt behavior toward the retarded.

Gottlieb and Budoff (1973) examined the relationship between nonEMR children's sociometric choices toward mentally retarded children and their classroom behavior toward these same EMR children over a period of approximately four weeks. These investigators found a significant relationship between social rejection and verbally aggressive behavior, as well as a significant relationship between social acceptance and a lack of verbally aggressive behavior. EMR children who engaged in verbally aggressive behavior were usually rejected; those who did not were usually socially accepted. Similar findings were reported by Bryan (1973) with learning disabled children.

Strichart and Gottlieb (1974) studied the relationship between two overt measures of an attitude: the extent to which a retarded child's behavior will be imitated by others, and others' choice of the EMR as a play companion. The investigators sought to determine whether nonEMR children would imitate and choose as play companions highly competent EMR children (as predetermined by E on a rigged task) more often than noncompetent EMR children. The data indicated that highly competent EMR children were imitated more often and that there was a significant correlation between imitation and choice behavior. In another study, however, Gottlieb (1972) was unable to find significant consistency

between verbally expressed attitudes toward EMR children and overt behavior, both among American and Norwegian nonEMR children.

Professionals' Attitudes Toward the Mentally Retarded

Professionals are the primary dispensers of a variety of information and services to the mentally retarded and their families. Physicians fill a primary need of physically and/or genetically impaired individuals with whom they typically become involved soon after the patient's birth. Social workers may serve to maintain the family integrity after the child is diagnosed as mentally retarded, regardless of the particular age at which the labeling occurs. While physicians are apt to deal with seriously retarded individuals, it is not clear whether families with a severely retarded member have a more critical need for social workers than families with a mildly retarded member. Grossman (1973) reported that the existence of a retarded sibling was more closely associated with the adjustment of nonretarded college age siblings than was the severity of the sibling's retardation

The chief providers of services to retarded children in school are, of course, teachers. Since teachers service the greatest numbers of retarded children and are the professionals who are most accessible to researchers, it is not surprising that the majority of research regarding professionals' attitudes has been conducted with teachers. Only scattered reports are available regarding the attitudes of physicians and even fewer are available regarding social workers' attitudes. The author was unable to locate any studies of psychologists' attitudes toward the mentally retarded, although Bialer and Sternlicht (1969) investigated the issues in mental retardation that psychologists considered important. Teachers are the only group of professionals

for whom a "body" of literature regarding attitudes toward the mentally retarded exists.

Teacher Attitudes Toward Mentally Retarded Children

The attitudes or expectancies of teachers toward particular children has been theorized to have a significant effect on the children's academic performance (Rosenthal & Jacobsen, 1968). Although the extent to which teacher expectancies affect retarded children's performance is open to considerable debate (see MacMillan, Jones & Aloia, 1974, for a review of this issue), it is safe to assume that teachers' attitudes may be transmitted to the child and that these, in turn, will at the very least, influence his social status among his peer group (Lapp, 1957).

What kinds of attitudes toward the mentally retarded do teachers possess? Efron and Efron (1967) identified six dimensions of attitudes toward EMR pupils through factor analytic techniques: (1) segregation via institutionalization, (2) cultural deprivation, (3) noncondemnatory etiology, (4) personal exclusion, (5) authoritarianism, and (6) hopelessness. The investigators reported that special class teachers expressed more favorable attitudes than regular grade teachers on four of the six factors, including the desire to have intimate contact with retarded children (personal exclusion factor). The investigators also reported that respondents in the field of mental retardation (special education teachers and students) possessed significantly more factual knowledge about mental retardation than individuals who were not in the field. The latter finding was also reported by Semmel (1959). Semmel, on the other hand, did not find special education teachers to have more favorable attitudes than general education teachers. Semmel's findings are similar to those of Greene and Retish (1973) who administered the Minnesota Teacher Attitude Inventory (MTAI)

to special and regular education student teachers and also observed no differences in attitude scores. In a subsequent study, Alper and Retish (1972) administered the MTAI to special education, elementary education and secondary education student teachers prior to and following their student teaching experience. Special education students failed to register more favorable attitudes after their experiences with mentally retarded children. No significant changes in attitudes were found for either the special education and secondary education student teachers. Elementary education student teachers posited significantly more negative attitudes on completion of student teaching.

Shotel, Iano and McGettigan (1972) studied the attitudes of teachers toward learning disabled, emotionally disturbed and educable mentally retarded children in schools with supportive resource room programs or self-contained special classes. Several interesting findings appeared from this study. First, pretesting at the beginning revealed that in the control schools with at least two self-contained classes, only 7.3% of regular class teachers (N = 55) favored regular class placement for retarded children, even though the placement would be supported by a resource room program. While 37.3 (N = 59) of the teachers in the experimental schools initially favored regular class placement for mentally retarded children, following one year's experience with an integration program, this percent dropped to 13.6%. In contrast, no significant reduction occurred in the percent of teachers who felt that emotionally disturbed , or learning disabled children should attend regular classes. After one year of resource room programming, almost three times as many teachers favored regular class placement for emotionally disturbed children than for mentally retarded children. Combs and Harper (1967) noted that children labeled mentally deficient were the recipients of less favorable

children in
attitudes than/other categories of exceptionality, e.g., psychopathy, schizophrenia, cerebral palsey. Since these investigators did not precisely specify the attitude referent, however, it is difficult to know how respondents defined "mentally deficient." These investigators did not detect differences in attitudes toward mentally retarded children due to length of teaching experience. Experienced and inexperienced teachers expressed equally unfavorable attitudes toward mentally deficient children.

The Shotel, et al. and Combs and Harper results appear contradictory to those reported by Jones and Gottfried (1962), who found that a higher proportion of regular class teachers expressed preference for teaching mildly retarded children than emotionally disturbed children. Given the likelihood that the teachers sampled by Jones and Gottfried may not have had either retarded or disturbed children in their classes, their responses may be based on limited knowledge of mentally retarded children. This fact may account for the difference in results in this study and the Shotel et al. study, in which the teachers presumably had had contact with retarded children.

With regard to the need to define precisely the attitude referent, Jones and Gottfried asked teachers' preferences for several categories of exceptional children and noted that not a single regular class teacher expressed a preference to teach severely retarded children. Warren and Turner (1966) also reported that professionals and students in various professional disciplines least preferred to work with moderately to severely retarded children.

It will be recalled that the creation of special class education for the mentally retarded in this country originally grew from regular class teachers' desires to rid themselves of troublesome children (Esten, 1900). An 80 year history of educational exclusion is very rapidly coming to a close.

Regular class teachers suddenly find themselves in the position of being forced to accept mentally retarded children into their classrooms. Studies have shown that regular education teachers do not possess especially positive attitudes toward children labeled mentally retarded (Combs & Harper, 1967), that length of experience in teaching in the regular grades either does not promote positive changes in attitudes (Alper & Retish, 1972) or else results in more unfavorable attitudes (Shotel, Iano, & McGettigan, 1972). Given these findings, serious attempts will have to be made--very quickly--to develop training programs designed to improve regular class teachers' attitudes toward mentally retarded children. While the impact of teacher expectancies on children's performance still awaits final resolution, we cannot afford to wait for the research to resolve the question. Too many children are being reintegrated so very quickly that we do not have the leisure to decide whether teachers' attitudes can and do influence children's performance. Attempts to promote positive attitudes among regular class teachers will in no way harm the children and very possibly could help them. Begab's (1970) study with social work students offers some leads as to the most effective way to change student teachers' attitudes, i.e., provide them with field-work experiences, not classroom lectures. EMR pupils will have to be presented to the teachers in a positive light, at least initially, so that negative attitudes do not develop and interfere with the training process.

Some Future Research Needs

It was pointed out in the introductory section that knowledge of expressed attitudes toward mentally retarded persons might provide us with some indication of how people act toward them; however, the literature review revealed that very few studies have directly investigated whether expressed attitudes are

in fact manifest in actual behavior. While there are numerous difficulties in relating expressed attitudes to indices of overt behavior, at the very least, future investigations should place greater emphasis on the study of behavior toward mentally retarded people.

A parallel concern is to ascertain the manner in which the retarded persons internalize the behavior of others. To the extent that the interpretation and internalization of increasingly subtle affective cues is limited by cognitive development, a logical set of questions that should be raised regards the retarded person's ability to recognize and react to these cues. While it is apparent that retarded people recognize that the label "mentally retarded" is not complimentary (e.g., Edgerton, 1967; Gozali, 1972), what is not nearly so apparent is how they come to perceive the negative feeling connoted by the label. Another set of basic questions that must be addressed concerns the kinds of behavior that retarded people engage in that are responsible for attitudes toward them. These questions are especially critical within the public school, a situational context that imposes proximity between EMR and nonEMR pupils. What do the EMR children do that results in their sociometric rejection? We are told that retarded children are rejected because they manifest anti-social, aggressive behavior (Johnson, 1950; Baldwin, 1958), yet other data indicate that retarded children do not engage in significantly more negative behavior than nonretarded children (Gampel, Gottlieb, & Harrison, 1974; Gottlieb, Gampel, & Budoff, in press). We are further informed that academic proficiency is a cause of differential attitudinal expressions (Gottlieb, 1974); yet other studies indicate that academic competence is not the cause of EMR children's rejection (Johnson, 1950). Extensive research is needed to resolve these ambiguities.

The relationship between proximity to the mentally retarded and attitudes toward them is not at all clear. The majority of evidence indicates that proximity is associated with increased rejection of mentally retarded individuals. The extent and nature of the contact, however, require explication. Information regarding the extent of contact has been obtained in several ways, most often by asking the subject. This information is of limited value, however, since there is almost no way to corroborate the subject's statement. For example, when a subject indicates that he knew a retarded person, how can we be sure that the person he knew was actually retarded?

The problem is especially critical in studies of physical proximity and its relationship to attitudes toward EMR pupils. While it is typically assumed that the retarded child's participation in the regular class will foster greater contact with nonretarded pupils than would have been possible in a special class, the extent of extra contact generated by regular class placement has not been established. All too often this writer has seen regular class EMR pupils totally ignored by their classmates. The EMR's physical life space within the classroom appeared to be far more limited than that of his nonEMR classmates. Can physical proximity under such circumstances be considered a valid indicator of contact?

Finally, what are the dimensions of an attitude toward the mentally retarded? The majority of research has focused on unifactorial measures of attitude favorability. Very few studies have attacked the measurement problem in a more complex form. A notable exception has been the work of Jordan (1971) and Efron and Efron (1967). One of the more pressing needs at the present time is to develop reliable, multifactorial instruments to measure attitudes. Perhaps, with the ability to measure the many facets of an attitude, we will be in a better position to predict more varied aspects of overt behavior.

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